

SEPARATION FORM

Region 22 District 21 Sender's Initials DJC

Location CAE Employee ID # 0558688

Social Security # [REDACTED] Employee Name Debbie Simpson

Effective Date 09/26/02 (First calendar day of unemployed status)

Action TERMINATION Action Reason INS - Insubordination

Rehire Status Yes No

Separation Reason Description:

Insubordination

*No Tools with
SIOA Bag Return*

Separation Checklist

Identification card

Uniform articles and locker key

Accounts and credit cards (phone, AMEX, etc.)

Equipment (technical, locks, etc.)

Other items (secuID token)

Received By

[Signature] MA
MA on hand (one uniform)
MA [unclear] (SIOA BAG)
MA [unclear]
[Signature]

I understand that my employment was terminated as of the effective date shown above.

Employee Signature [Signature]

Date 9/26/02

Manager Signature [Signature]

Date 9/26/02

SEND THIS FORM TO THE DISTRICT HUMAN RESOURCES DEPARTMENT
Revised May 22, 2002